

Autism and Other Developmental Disabilities:

Sensory and Behavior Challenges for Law Enforcement

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What Are Sensory Disorders?

- Each sense should work with the others to form a composite picture of who we are physically, where we are in the space around us, and what is happening around us.
- For most of us, effective sensory integration occurs automatically, unconsciously, without effort.
- For some, the process is inefficient, demanding effort and attention with no guarantee of accuracy.
- Sensory experiences include touch, smell, taste, sight, sound, movement, body awareness, and the pull of gravity.
- For some people, sensory integration does not develop as efficiently as it should. When the process is disordered, a number of behavior problems can become evident.

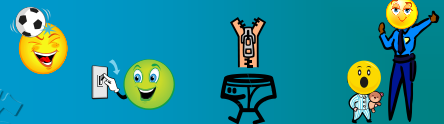
Sensory Defensiveness

A sensory integrative disorder characterized by a "fight, flight, or fright" reaction to sensory information most individuals would consider harmless.



Tactile

- May be aggressive, avoid or withdraw
- Don't grab/touch them
- May take their clothes off
- May seem not to feel pain
- May bite or hit themselves
- May like to flip switches repeatedly



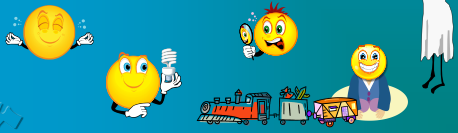
Auditory

- May be fearful of common sounds like lawn mowers, or sirens and flashing lights
- May clap their hands over their ears
- Loud sounds may physically hurt
- May talk loudly and robotically
- Distract with music or videos helps



Visual

- Dark can be calming
- Avoidance of gaze, closing eyes
- Listening can occur without eye contact
- Flickering light distracts (florescent)
- Like visual routine (lining up things)



Oral-motor

- Tactile defensiveness within the mouth
- Intolerance to food texture/temperature
- May chew on clothes & other items
- May eat inedible items



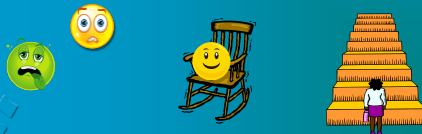
Olfactory

- Those with olfactory defensiveness (intolerance to odors) may gag or be distressed with certain smells
- May try to smell you up close



Vestibular

- Input from the inner ear about equilibrium and position in space
- May show intolerance to movement or unstable surfaces
- May need movement (pacing or rocking)
- Afraid to go down steps or ride escalators



Proprioceptive

- Input from the muscles and joints about body position
- “Stimming” hand flapping/rocking
- Needs tight hugs, wrap up tight
- Head banging
- Unintentionally hurt animals
- Uses too much force (slamming doors)
- May have low muscle tone



Behavior Challenges

- Inability to communicate needs/wants
- Memories can trigger responses
- No real fear of danger
- No response to verbal direction
- Response to irritating stimulus
- Environmental overstimulation



Possible Contributing Factors

- Not feeling well but unable to express
- Being hungry or tired
- Feel too hot or too cold
- Personal space is invaded
- Medication changes
- Disrupted routine



Look for Supports

- Ask people who know them
- Tunnel or pressure vest
- Favorite toy or game
- Pictures if non-verbal
- Replace behaviors with appropriate ones



Responses in the Field

- Reduce outside noise/lights/action
- Don't interfere with their belongings
- Don't try to stop stimming behaviors
- Don't force eye contact
- Give them extra response time
- Prepare them before each action you take
- Use "key words" such as "Quiet hands or feet" and "Good job for ..."

Additional Responses

- Typical low chest muscle tone, be careful with restraints
- Don't misinterpret lack of pain
- "Fine" may only be automatic response
- Keep voice calm, speak slowly/concretely
- Try not to invade personal space
- Converse on their subject first
- Behavior is communication

Resources and Information

- *Autism Risk & Safety Management*
www.autismriskmanagement.com
- *Law Enforcement Awareness Network (LEAN)*
www.leanonus.org
- *Autism ALERT (Alliance for Local Emergency Responder Training)*
www.autismalert.org
- *Autism Spectrum Disorders: A Special Needs Subject Response Guide for Police Officers*
<http://nicic.gov/Library/023977>
- *The Arc of Washington*
www.arcwa.org (888) 754-8798